

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003517

FILED
Jul 11, 2006
Secretary of State

Entity Name: OSCEOLA RIDERS INCORPORATED

Current Principal Place of Business:

4510 PINE TREE DR
ST. CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 701232
ST. CLOUD, FL 34770 US

New Mailing Address:

FEI Number: 59-3469513 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NADEAU, JIM
4259 FORT COURAGE CIRCLE
KISSIMMEE, FL 34746 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NADEAU, JIM
Address: 4259 FORT COURAGE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: VD () Delete
Name: DANIELS, DEBRA
Address: 622 VINELAND ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: WENDY, DARNELL
Address: 651 KOLAS COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: TD () Delete
Name: SAUL, THERESA
Address: 5849 JACK BRACK RD.
City-St-Zip: KISSIMMEE, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA SAUL

TD

07/11/2006

Electronic Signature of Signing Officer or Director

Date